

~~CONFIDENTIAL~~

FORM DS-10 2-10-47	DEPARTMENT OF STATE	DATE <b>5-17-55</b>		
REFERENCE SLIP				
TO: <b>25X1A9a</b> <span style="background-color: black; color: black;">[REDACTED]</span> , CIA				
<table border="1"> <tr> <td> <input type="checkbox"/> ADVISE  <input type="checkbox"/> APPROVE &amp; RETURN  <input type="checkbox"/> AS YOU REQUESTED  <input type="checkbox"/> ATTACH FILE  <input type="checkbox"/> ATTENTION  <input type="checkbox"/> COMMENT &amp; RETURN  <input type="checkbox"/> CONSIDER  <input type="checkbox"/> COPYING  <input type="checkbox"/> CORRECT  <input type="checkbox"/> FILE  <input type="checkbox"/> FOLLOW-UP  <input type="checkbox"/> FOR YOUR INFORMATION  <input type="checkbox"/> HOLD  <input type="checkbox"/> INITIALS NEEDED  <input type="checkbox"/> INSTRUCT  <input type="checkbox"/> INVESTIGATE &amp; REPORT  <input type="checkbox"/> JUSTIFY  <input type="checkbox"/> KEEP ME ADVISED  <input type="checkbox"/> LEGAL MATTER  <input type="checkbox"/> MEMO REQUIRED  <input type="checkbox"/> NOT INTERESTED  <input type="checkbox"/> NOTE &amp; DESTROY  <input type="checkbox"/> NOTE &amp; FILE </td> <td> <input type="checkbox"/> NOTE &amp; FORWARD  <input type="checkbox"/> NOTE &amp; RETURN  <input type="checkbox"/> PER TELEPHONE TALK  <input type="checkbox"/> PREVIOUS CORRESPOND.  <input type="checkbox"/> PRIORITY ACTION  <input type="checkbox"/> RECONSIDER  <input type="checkbox"/> RECOMMEND ACTION  <input type="checkbox"/> RECORD  <input type="checkbox"/> REPLY  <input type="checkbox"/> RETURN TO SENDER  <input type="checkbox"/> REWRITE  <input type="checkbox"/> SEE ME  <input type="checkbox"/> SIGNATURE REQUIRED  <input type="checkbox"/> TAKE ACTION  <input type="checkbox"/> TRANSFER  <input type="checkbox"/> TYPE  <input type="checkbox"/> VERIFY  <input type="checkbox"/> REPLY FOR SIGNATURE OF </td> </tr> </table>			<input type="checkbox"/> ADVISE <input type="checkbox"/> APPROVE & RETURN <input type="checkbox"/> AS YOU REQUESTED <input type="checkbox"/> ATTACH FILE <input type="checkbox"/> ATTENTION <input type="checkbox"/> COMMENT & RETURN <input type="checkbox"/> CONSIDER <input type="checkbox"/> COPYING <input type="checkbox"/> CORRECT <input type="checkbox"/> FILE <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> FOR YOUR INFORMATION <input type="checkbox"/> HOLD <input type="checkbox"/> INITIALS NEEDED <input type="checkbox"/> INSTRUCT <input type="checkbox"/> INVESTIGATE & REPORT <input type="checkbox"/> JUSTIFY <input type="checkbox"/> KEEP ME ADVISED <input type="checkbox"/> LEGAL MATTER <input type="checkbox"/> MEMO REQUIRED <input type="checkbox"/> NOT INTERESTED <input type="checkbox"/> NOTE & DESTROY <input type="checkbox"/> NOTE & FILE	<input type="checkbox"/> NOTE & FORWARD <input type="checkbox"/> NOTE & RETURN <input type="checkbox"/> PER TELEPHONE TALK <input type="checkbox"/> PREVIOUS CORRESPOND. <input type="checkbox"/> PRIORITY ACTION <input type="checkbox"/> RECONSIDER <input type="checkbox"/> RECOMMEND ACTION <input type="checkbox"/> RECORD <input type="checkbox"/> REPLY <input type="checkbox"/> RETURN TO SENDER <input type="checkbox"/> REWRITE <input type="checkbox"/> SEE ME <input type="checkbox"/> SIGNATURE REQUIRED <input type="checkbox"/> TAKE ACTION <input type="checkbox"/> TRANSFER <input type="checkbox"/> TYPE <input type="checkbox"/> VERIFY <input type="checkbox"/> REPLY FOR SIGNATURE OF
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REMARKS:  <p style="text-align: center;"><b>Circulated for comment or approval at Wednesday afternoon meeting.</b></p>				
FROM  <p style="text-align: center;"><b>Louis W. Goodkind, ECD</b> <i>LWG</i></p>				

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